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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
19238	Ocean State Rental Corp.		
3. Principal office address: 530 Wellington Ave	City: Cranston	State: RI	Zip: 02910
4. Business Phone No.: 401-941-4002	5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: Rental tents tables chairs stages,			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Joseph A. DeLorenzo JR			Vice-President Name: Joseph A DeLorenzo III		
Street Address: 28 Conch Rd			Street Address: 241 Central Park West		
City: Narr.	State: RI	Zip: 02882	City: New York	State: NY	Zip: 10024
Secretary Name:			Treasurer Name: Joseph A DeLorenzo JR		
Street Address:			Street Address: 28 Conch Rd		
City:	State:	Zip:	City: Narr.	State: RI	Zip: 02882

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name:			Director Name:		
Street Address:			Street Address:		
City: None	State:	Zip:	City: None	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	600	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
Check No _____
By: _____

FILED
DEC 28 2015

FOR SECRETARY OF STATE USE ONLY
BY DS 35426

Form No. 630
Revised: 01/2012

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Joseph A. DeLorenzo JR 12-22-15
Signature of Authorized Representative — Date

Joseph A. DeLorenzo JR
Print or Type Name of Authorized Representative

129966-30-1044229